

**NEIGHBORHOOD PRESERVATION TAX CREDIT
2007 PRELIMINARY APPROVAL FORM-1A**

❖ **Fill in every blank please. This application must be filled out in its entirety or it may be subject for removal from the review process.**

2007

LOG NUMBER (DED INTERNAL USE ONLY)

QUALIFYING/ELIGIBLE AREA

PART 1A.

REQUESTOR/OWNER

1. APPLICANT INFORMATION (PERSON OR ENTITY OWNING THE PROPERTY AND CLAIMING THE TAX CREDIT)

NAME

DEVELOPERS-COMplete THIS SECTION

OR

HOMEOWNERS-COMplete THIS SECTION

Partnership

☐ General

☐ Limited

Corporation

☐ Regular

☐ Subchapter 8

☐ Trust

☐ Limited Liability
Company

☐ Property Owner

☐ Prospective Owner

NAME OF AUTHORIZED COMPANY OFFICIAL

TITLE

MAILING ADDRESS

BUSINESS ADDRESS

CITY/TOWN

CITY/TOWN

STATE

ZIP CODE

STATE

ZIP CODE

TELEPHONE

FAX

TELEPHONE

FAX

TAXPAYER IDENTIFICATION NUMBER (OR SOCIAL SECURITY NUMBER)

SOCIAL SECURITY NUMBER

NAICS CODE (See Definitions in
Guidelines)

BUSINESS SIZE (Number of Employees
including company owners)

SPOUSE SOCIAL SECURITY NUMBER

ARE YOU THE PROPERTY OWNER? IF NOT, PLEASE LIST OWNER.
WHEN WILL YOU BECOME THE PROPERTY OWNER? (Proof of ownership
must be submitted with preliminary application. If you are the prospective
buyer you have 60 days from preliminary approval to provide proof of
ownership.)

☐ Yes ☐ No

ACQUISITION DATE: _____

CURRENT OWNERS NAME:

ARE YOU THE PROPERTY OWNER? IF NOT, PLEASE LIST
OWNER. WHEN WILL YOU BECOME THE PROPERTY OWNER?
(Proof of ownership must be submitted with the preliminary application.
If you are the prospective buyer you have 60 days from the preliminary
approval to provide proof of ownership.)

☐ Yes ☐ No

ACQUISITION DATE: _____

CURRENT OWNERS NAME:

E-MAIL ADDRESS ☐ NA

YES _____

E-MAIL ADDRESS ☐ NA

YES _____

2. PROJECT CONTACT

☐ Owner

☐ Prospective Owner

☐ Other (Consultant, etc.)

NAME

ADDRESS

CITY/TOWN

STATE

ZIP CODE

TELEPHONE

EMAIL:

FAX

3. PROPERTY INFORMATION			
ADDRESS			
CITY/TOWN		STATE	ZIP CODE
COUNTY	CENSUS TRACT	CENSUS BLOCK	
Check the Specified Enterprise Zone, if applicable:			
<input type="checkbox"/> St. Louis Midtown Enterprise Zone; (Designated 8/31/1983)			
<input type="checkbox"/> Springfield Enterprise Zone; (Designated 5/11/84 thru 4 th Expansion 11/12/86)			
<input type="checkbox"/> Wellston Enterprise Zone; (Designated 5/31/84)			
<input type="checkbox"/> Joplin Area/Webb City Enterprise Zone; (Designated 3/20/85 thru 2 nd Expansion 11/27/85)			
<input type="checkbox"/> Kansas City Enterprise Zone; (Designated 4/25/85 thru 1 st Expansion 3/16/88)			
<input type="checkbox"/> St. Joseph Buchanan County Enterprise Zone; (Designated 4/25/85)			
PROPERTY (CURRENT TAX CLASSIFICATION) *Property can not be agricultural land within the last 40 years.			
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Residential/Commercial			
PROPERTY (TAX CLASSIFICATION AFTER REHABILITATION)			
<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Residential/Commercial			
HAS THIS PROPERTY BEEN APPROVED FOR CREDITS IN A PRIOR YEAR?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable – New Construction			
If Yes, what are the previous log numbers and what year(s) were the credits awarded? _____			
What are the amounts of credits this property has been approved or awarded? _____			
PROPERTY LEGAL DESCRIPTION			
4. TYPE OF PROJECT			
NEW CONSTRUCTION		REHABILITATION	
IS THE LOT CURRENTLY VACANT? *IF THE PROPERTY IS IN A DISTRESSED COMMUNITY PLEASE PROVIDE PROOF OF 2 YEAR VACANCY OR CONDEMNATION.		HOW OLD IS THE STRUCTURE? (PLEASE PROVIDE PROOF OF AGE)	
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW LONG?			
IS THERE A STRUCTURE TO BE DEMOLISHED? PLEASE PROVIDE PHOTOGRAPHS OF THIS STRUCTURE.		IS PROPERTY ON NATIONAL HISTORIC REGISTER OR A DESIGNATED LOCAL HISTORICAL STRUCTURE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, HOW OLD IS THIS STRUCTURE? (PLEASE PROVIDE PROOF OF AGE)		PROOF OF ACQUISITION COST (Include proof of acquisition price with preliminary application.)	
		Purchase Price \$ _____	
WHAT IS THE PROPERTY TAX CLASSIFICATION (CONTACT LOCAL ASSESSOR AND PROVIDE PROOF)		PROVIDE PROOF OF FAIR MARKET VALUE. A RECENT APPRAISAL or ASSESSORS REPORT WILL SUFFICE. (See Definitions in Guidelines)	
HOW LONG HAS THIS PROPERTY HAD THE CURRENT CLASSIFICATION? (PROVIDE PROOF OF CLASSIFICATION)			
% OF CREDIT APPROVED			
NPA Rehabilitation <input type="checkbox"/> 25 <input type="checkbox"/> 35 (substantial rehab only)			
NPA New Construction <input type="checkbox"/> 15			
NPA with HTC <input type="checkbox"/> 20			

5. PRELIMINARY TAX CREDIT REQUEST

Anticipated cost of rehabilitation or construction.

YEAR	AMOUNT	YEAR	AMOUNT
ANTICIPATED TOTAL COST OF PROJECT. * INCLUDE THE TOTAL FOR UNIT(s) APPLIED FOR ONLY ON THIS APPLICATION. INCLUDE ALL YEARS OF WORK. THIS AMOUNT IS USED TO CALCULATE THE AMOUNT OF YOUR TAX CREDIT.		ANTICIPATED TOTAL LABOR COST	
PROJECT START DATE. MM/DD/YYYY (REQUIRED)		PROJECT COMPLETION DATE. MM/DD/YYYY (REQUIRED)	

6. PROJECT INFORMATION

ARE THERE OTHER LOCAL, FEDERAL, or STATE OF MISSOURI TAX CREDITS OR GRANTS BEING APPLIED TOWARD THIS PROJECT? (REQUIRED)

☐ YES ☐ NO

IF YES, WHICH FEDERAL OR STATE PROGRAM?

☐ Missouri Housing Development Commission ☐ Enterprise Zone ☐ Community Development Block Grant

☐ State Historic Preservation Tax Credit Program ☐ Neighborhood Preservation Act Tax Credit Program

☐ Local Community Development Block Grant ☐ Federal Historic Preservation Tax Credit

☐ Other (please specify) _____

ANTICIPATED NUMBER OF HOUSING UNITS (INCLUDED IN THIS APPLICATION ONLY)	ANTICIPATED NUMBER OF JOBS CREATED and/or BUSINESSES CREATED, if any
PERCENT OF HOUSING UNITS OWNER-OCCUPIED (REQUIRED)	Total number of units not included in this application?
WILL THE PROPERTY RECEIVE TAX ABATEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, FOR HOW LONG?

I certify that I am the applicant or an authorized representative of the applicant and as such am authorized to make the statement of affirmation contained herein.

- I hereby apply for preliminary approval to proceed with the above described work for which I intend to claim a state income tax credit for neighborhood preservation.
- I certify that the applicant does NOT employ illegal aliens and that the applicant has complied with federal law (8 U.S.C. § 1324a) requiring the examination of an appropriate document or documents to verify that an individual is not an unauthorized alien.
- I understand that if the applicant is found to have employed an illegal alien in Missouri and did not, for that employee examine the document(s) required by federal law, that the applicant shall be ineligible for any state-administered or subsidized tax credit, tax abatement or loan for a period of five years following any such finding.
- I attest that I have read and understand the Neighborhood Preservation Tax Credit Program guidelines, specifically as it relates to the Tax Credit Accountability Act of 2004 (SB 1099).
- I hereby agree to allow representatives of the Department of Economic Development access to the property as may be necessary and reasonable for the approval of the proposed work.
- I attest that the information that I have provided is, to the best of my knowledge, true and correct.

Name (signature)

Date

Name (printed or typed)

Applicant/Project Name (printed or typed)

Title (printed or typed)

Subscribed and sworn to before me this _____ day of _____, _____. I am commissioned as a notary public within the County of _____, State of _____. My commission expires _____.

Notary Public

PART 1B.

Detailed Description of Work: Includes site work, new construction, alterations, etc. Complete blocks below. (REQUIRED FOR NEW CONSTRUCTION AND REHABILITATION)

ITEM NUMBER: 1

Describe existing feature and its condition:

Describe work and proposed impact on existing feature.

PHOTO NUMBER

DRAWING NUMBER. (IF NO PHOTO)

ESTIMATED REHABILITATION COSTS

\$

ITEM NUMBER: 2

Describe existing feature and its condition:

Describe work and proposed impact on existing feature.

PHOTO NUMBER

DRAWING NUMBER. (IF NO PHOTO)

ESTIMATED REHABILITATION COSTS

\$

ITEM NUMBER: 3

Describe existing feature and its condition:

Describe work and proposed impact on existing feature.

PHOTO NUMBER

DRAWING NUMBER. (IF NO PHOTO)

ESTIMATED REHABILITATION COSTS

\$

PART1B. – DESCRIPTION OF REHABILITATION (continuation sheet...)**ITEM NUMBER:****Describe existing feature and its condition:****Describe work and proposed impact on existing feature.**

PHOTO NUMBER

DRAWING NUMBER (IF NO PHOTO)

ESTIMATED REHABILITATION COSTS

\$

ITEM NUMBER:**Describe existing feature and its condition:****Describe work and proposed impact on existing feature.**

PHOTO NUMBER

DRAWING NUMBER (IF NO PHOTO)

ESTIMATED REHABILITATION COSTS

\$

ITEM NUMBER:**Describe existing feature and its condition:****Describe work and proposed impact on existing feature.**

PHOTO NUMBER

DRAWING NUMBER (IF NO PHOTO)

ESTIMATED REHABILITATION COSTS

\$